## COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) and POWER OF ATTORNEY

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	OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)					
Fir CO Ap Fili Gro	torney Docket Number st Named Inventor:  MPLETE IF KNOWN  plication Number:  ng Date:  oup Art Unit:  aminer Name:	136.169 Christian Collette				
As	a below named inventor, I h	ereby declare that:				
Му	residence, mailing address, a	nd citizenship are as stated be	elow next to my name.			
l be	elieve I am the original, first a nes are listed below) of the su	nd sole inventor (if only one abject matter which is claimed	name is listed below) or an orig and for which a patent is sought	inal, first and joint on the invention en	inventor (if plural titled:	
	Servier		nunications and/or Computer of Fixed or Mobile Telephone			
I acconding	ereby state that I have reviewended by any amendment specknowledge the duty to disclutinuation-in-part applications, national or PCT international ereby claim foreign priority be tificate, or 365(a) of any PCT	and was amended on wed and understand the control cifically referred to above.  The property of the continuation of the contin	)–(d) or 365(b) of any foreign a ch designated at least one cou	f applicable).  ecification, includir  fined in 37 CFR 1 ing date of the price  application(s) for pantry other than the	ng the claims, as .56, including for application and tent or inventor's United States of	
Amor a	erica, listed below and have a any PCT international applicati	lso identified below, by checki on having a filing date before	ng the box, any foreign applicati that of the application on which	on for patent or inve priority is claimed.	entor's certificate	
Pric	or Foreign Application(s)			Priority Not Claimed	Certified Copy Attached?	
	99 09553	France	July 22, 1999		☐ Yes ☑No	
	(Number)	(Country)	(Foreign Filing Date)	<del></del>		
	(Number)	(Country)	(Foreign Filing Date)	_ 0	□ Yes □ No	
					□ Yes □ No	
	(Number)	(Country)	(Foreign Filing Date)			
	Additional foreign application r	umbers are listed on a supple	mental priority data sheet PTO/	SB/02B attached he	ereto:	
l he	ereby claim the benefit under 3	5 U.S.C. 119(e) of any United	States provisional application(s	) listed below.		
_	(Application Number)	(Fill	ing Date) r	Additional provisional numbers are listed of supplemental priority	on a	

PTO/SB/02B attached hereto.

## COMBINED DECLARATION – Utility or Design Patent Application and POWER OF ATTORNEY

(Application Number) (Fil	ing Date)		
As a below-named inventor, I hereby appoint the registered prosecute this application, and to transact all business in the Po	d practitioners named below as my/our attomey(s) or agent(s) to atent and Trademark Office connected therewith:		
James E. Nilles, Reg. No. 16,663 Lisa M. Gehrke, Reg. No. 38,888 Stephen Michael Patton, Reg. No. 36,235 Matthew M. Eslami, Reg. No. 45,488	Thaddeus C. Stankowski, Reg. No. 45,522 Matthew C. Loppnow, Reg. No. 45,314 Lisa A. Brzycki, Reg. No. 40,926		
Direct all telephone calls to James E. Nilles at telephone numbrilles and correspondence to: James E. Nilles NILLES & NILLES, S.C. Firstar Center, Suite 2000 777 East Wisconsin Avenue Milwaukee, WI 53202-5345  I hereby declare that all statements made herein of my own k	er (414) 276-0977, facsimile number (414) 276-0982.  nowledge are true and that all statements made on information and a were made with the knowledge that willful false statements and the		
like so made are punishable by fine or imprisonment, or both jeopardize the validity of the application or any patent issued the	, under 18 U.S.C. 1001 and that such willful false statements may		
Full name of Sole or First Inventor:	☐ A petition has been filed for this unsigned inventor		
Given Name (first & middle [if any]) and Family Name or Surna	me: Christian Collette		
Inventor's Signature:	Date:		
Residence (city, state, country): Verson, France	Citizenship: French		
Mailing Address: 28, avenue des Coteaux			
(city, state, zip, country): F-14790 Verson, France			
Full name of Second Inventor, if any:	☐ A petition has been filed for this unsigned inventor		
Given Name (first & middle [if any]) and Family Name or Surna	me:		
Inventor's Signature:	Date:		
Residence (city, state, country):	Citizenship:		
Mailing Address:			
(city, state, zip, country):			
Full name of Third Inventor, if any:	☐ A petition has been filed for this unsigned inventor		
Given Name (first & middle [if any]) and Family Name or Surna	me:		
Inventor's Signature:	Date:		
Residence (city, state, country):	Citizenship:		
Mailing Address:			
(city state zin country):			

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